Original - Court 1st copy - Plaintiff 2nd copy - Defendant

Approved, SCAO

## **STATE OF MICHIGAN**

CASE NO.

JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	SUBSTITUTION OF ATTORNEY		0/1021101
Court address			Court telephone no.
Plaintiff/Petitioner name, address, and telephor	ne no.	Defendant/Responder	nt/Minor name, address, and telephone no.
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	V		
☐ Probate In the matter of			
		 1	
	NOTICE		
TO: Clerk of the Court, all attorneys	of record, and unrepresented p	parties: Specify names	and addresses
I replace attorney		on be	half of
			rs filed in this case after this date.
		or or all pape	
Date	Firm		
Signature	Addr	ess	
Name (type or print)	Bar no. City,	state, zip	Telephone no.
	CONCENT	=1	
	CONSENT	1	
I consent to the substitution of the abo	ove attorney in this case.		
Date	Attor	ney signature	
Signature		e (type or print)	Bar no.
			ваг по.
Name (type or print)	Firm		
	Addr	ess	
	City,	state, zip	Telephone no.
	ORDER		
IT IS SO ORDERED.			
Date	مامديا		Dan
Dale	Judg	,0	Bar no.